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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/636,057
		Filing Date	August 7, 2003
		First Named Inventor	Guy Boudreau
		Art Unit	3671
		Examiner Name	R. W. Addie
Total Number of Pages in This Submission	9	Attorney Docket Number	2224-00200 DVF

ENCLOSURES (check all that apply)

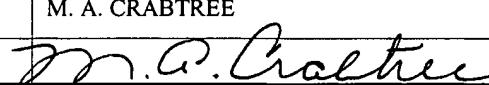
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	DEREK V. FORINASH
Signature	
Date	September 20, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or Printed Name	M. A. CRABTREE		
Signature		Date	Sept. 20, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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**FEE TRANSMITTAL
For FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **\$ 00.00**

METHOD OF PAYMENT (Check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number: 03-2769
Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
 Credit any overpayments

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)			
1001 770	2001 385		Utility filing fee	\$
1002 340	2002 170		Design filing fee	\$
1003 530	2003 265		Plant filing fee	\$
1004 770	2004 385		Reissue filing fee	\$
1005 160	2005 80		Provisional filing fee	\$

SUBTOTAL (1) \$00.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Fee from			
Total Claims		Extra Claims	Fee Paid
7	20**	= 0 x	18.00 = \$ 00.00
Independent 2	3**	= 0 x	86.00 = \$00.00
Claims			
Multiple Dependent			290.00 = \$ 00.00

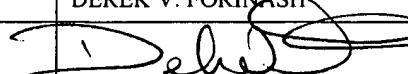
Large Entity	Small Entity		
Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)		
1202 18	2202 9		Claims in excess of 20
1201 86	2201 43		Independent Claims in excess of 3
1203 290	2203 145		Multiple dependent claim, if not paid
1204 86	2204 43		** Reissue independent claims over original patent
1205 18	2205 9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$00.00

**** or number previously paid, if greater; For Reissues, see above**

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	DEREK V. FORINASH	Registration No. (Attorney/Agent)	47,231	Telephone	(713) 238-8000
Signature			Date	September 20, 2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: GUY BOUDREAU	§	ART UNIT: 3671
SERIAL NO.: 10/636,057	§	
FILED: August 7, 2003	§	EXAMINER: R. W. Addie
FOR: SELF-LEVELING SYSTEM	§	CONFIRMATION NO.: 1029

AMENDMENT AND RESPONSE TO OFFICE ACTION DATED JUNE 18, 2004

Atty. Dkt. No.: 2224-00200
Date: September 20, 2004

Mail Stop Non-Fee Amendment
Commissioner For Patents
P. O. Box 1450
Alexandria, VA. 22313-1450

Sir:

In an Office Action dated June 18, 2004, the Examiner rejected claims 1-5.

Reconsideration is respectfully requested.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.